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## APPLICANTS

Peter T. Bianco, Boston, MA;

Randale Craig Sechrest, Missoula, MT;  
James L. Gribaudo, Roslindale, MA; Steven D. Peck, Hoboken, NJ;  
Ben Clemens, Rosendale, NY;  
Paul Emile Laquerre, Franklin, MA;  
Charles Freedom Eaton, Cambridge, MA;  
James Corbin Fitchett JR., Andover, MA;  
Thomas Arul, Malden, MA;  
Glen M. Tolchin, Purchase, NY;  
William Phillips, New York, NY;  
Gus Safary, Wood-Ridge, NJ;

*Verified**Per S.G.*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/212,576 06/20/2000

*Verified**Per S.G.*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 08/14/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 57	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> et after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>ASG</i>				

## ADDRESS

21967  
HUNTON & WILLIAMS LLP  
INTELLECTUAL PROPERTY DEPARTMENT  
1900 K STREET, N.W.  
SUITE 1200  
WASHINGTON, DC  
20006-1109

## TITLE

Electronic patient healthcare system and method

☐ All Fees☐ 1.16 Fees ( Filing )